

**STATE OF MISSOURI**BOARD FOR ARCHITECTS, PROFESSIONAL ENGINEERS, PROFESSIONAL LAND SURVEYORS
AND PROFESSIONAL LANDSCAPE ARCHITECTS (APEPLSPLA)**APPLICATION FOR DUPLICATE LICENSE OR WALL CERTIFICATE**3605 MISSOURI BLVD., SUITE 380
JEFFERSON CITY, MO 65109
TELEPHONE: 573/751-0047
FAX: 573/751-8046
moapeplspla@pr.mo.gov
<https://pr.mo.gov/apelsla.asp>**INSTRUCTIONS - PLEASE READ BEFORE PREPARING APPLICATION****FOR APEPLSPLA USE ONLY****All information requested on this form must be typewritten.**

NUMBER

The application will not be processed unless all required information is completed.

Enter your name as it appears on the license.

Fill in your license number. In order to receive a duplicate license or framing certificate, your license must be current and in good standing.

Your duplicate license and/or wall certificate will be mailed to your address of record.

Read and sign the affidavit statement.

This application must be accompanied by a check or money order made payable to the Missouri Board for Architects, Professional Engineers, Professional Land Surveyors and Professional Landscape Architects. Fees must be drawn on a United States bank. Per Board Rule 20 CSR 2030-6.010 fees are nonrefundable.

Forward completed application with required fee(s) to the address indicated at the top of this application. If you have any questions regarding this application, please call the Board office at (573) 751-0047.

APPLICATION

NAME

LICENSE NUMBER

ITEM(S) REQUESTED:

☐ WALL CERTIFICATE - \$10
(11X14 for framing)☐ LICENSE - \$10
(5X7 and wallet size card)

REASON FOR REQUEST:

☐ LOST ☐ MUTILATED ☐ DESTROYED ☐ OTHER _____**AFFIDAVIT**

I, THE UNDERSIGNED, RESPECTFULLY REQUEST THE BOARD TO ISSUE AND FORWARD TO ME A DUPLICATE AS INDICATED ABOVE AND BY THIS AFFIDAVIT, SWEAR THAT THE STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE TRUE.

SIGNATURE OF APPLICANT

DATE

FOR BOARD USE ONLY

CHECK DATE

CHECK NO.

AMOUNT